

Continuing Education Registration Form



Davidson-Davie
COMMUNITY COLLEGE

Important: The information collected on this form will be kept confidential and used only for legitimate College purposes including registration for courses, maintenance of student and permanent record (transcript) and reports required by the State of North Carolina and the federal government.

Unsigned or Incomplete forms will not be processed. Print clearly.

Course CID # _____

Course Title _____

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Course Title _____

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Course Title _____

See reverse side for course information.

Registration Fee _____

Public Safety Association Fees are \$25.00 for all classes.

Accident Insurance covering the hours in College and transportation to and from the class site is available for \$1.50. Do you want accident insurance?

Yes No *Insurance is required for some courses.*

Full Name _____

Address _____

Apartment # _____

City _____ **ZIP** _____

State _____ **County** _____

Davidson-Davie ID # _____

Social Security # *(required)* _____

Date of Birth _____

Race American/Alaska Native Asian
 Black or African American
 Hawaiian/Pacific Islander White

Ethnicity Hispanic/Latino Non-Hispanic/Latino

Gender Male Female Non-Binary
 Prefer not to answer

Home Phone _____

Cell Phone _____

Employment Retired and not employed
 Unemployed—not seeking employment
 Unemployed—seeking employment
 Employed 1-10 hrs/wk Employed 11-20 hrs/wk
 Employed 21-39 hrs/wk Employed 40 or more hrs/wk

Highest Level of Education Completed

High School Graduate Adult High School Diploma
 GED Graduate Post High School Vocational Diploma
 Associate's Degree Bachelor's Degree
 Master's Degree or Higher

If you are fee exempt for this course, you must indicate the agency affiliation or you will be responsible for payment!

Firefighter Public Agency Firefighter Vol Agency
 EMS/Rescue Vol Agency Elem/Secondary School Employees
 Telecommunicator/Dispatcher Law Enforcement Officer
 EMS/Rescue Public Agency Named in EOP Plan
 Emergency Management Detention Officer
 DACJJ Certified Officer Other

Agency Affiliation _____

By signing this form below you are verifying that you are actively affiliated with the public safety agency above and that you hold the job classification marked. **Note:** A Public Agency is a County, State or Municipal Agency

Student Signature _____ **Date** _____ **Email** _____

Choice of Courses

Indicate your top three choices, in order of your preference. If your first class choice is full at the time of payment and waivers are received, you will automatically be put in your 2nd or 3rd choice.

If your 1st choice of course does not make or is full, what are your 2nd and 3rd choices? You will only be notified if you do not get your first choice of course.

1ST CHOICE

Course ID# Title

2ND CHOICE

Course ID# Title

3RD CHOICE

Course ID# Title

CID#	Class	Hours
75654	ACLS Instructor	8
75652	BLS Instructor	8
75653	BLS Instructor	8
75655	Pediatric ALS Instructor	8
75733	Adv Engine Co Operations	10
75657	D/O Aerial Apparatus Series	63
75656	D/O Pumps Intro/Basic Ops	40
75658	D/O Mobile Water Supply App.	30
75659	D/O Pumps Spr&Sps/Maint&Test	30
75061	Emergency Vehicle Driver	24
75662	FF Fireground Ops 4 (FF 2019)	34
75738	Fighting Fires-Sprinklered Bld	8
75043	Fire Instructor I	27
75046	Fire Instructor II	38
75036	Fire Officer I-2020 Ed	42
75039	Fire Officer II-2020 Ed	33
75661	FF Rescue Ops 1 (FF 2019)	30
75737	First Responder Mental Health	11
75660	Incident Safety Officer/Nfa	16
75048	NFA: Health & Safety Manager	16
75058	NFA Leadership Frameworks	16
75055	NFA Leadership Growth	16
75052	NFA Leadership Perspectives	16
75734	One Man and a Truck	8
75732	Best Foot Forward: Interview Class	8
75735	TR Passenger Vehicle Block	48
75728	TR Rope Rescue Awareness	10
75736	When Disaster Happens	8